Letters
Correspondance

Touched

I was certainly "touched" by the article by Dr Meredith McKague in the March 2010 issue.[1] As has happened so many times before, it took me back to an incident many years ago when I was a relatively young FP. I was visiting a child who was quite obviously nearing the end of his young life. After seeing him, I went out into the corridor where his mother was softly weeping. There seemed to be nothing to say. Words are so often both unnecessary and intrusive. I put my arms around her. In a few moments, she straightened up, softly thanked me, and went in to be with her child.

As I left the ward, I was stopped by the head nurse, who proceeded to give me a talking-to for embracing the young mother. She told me, in no uncertain terms, that it was unprofessional. I didn't respond; those were the days when the head nurse of a ward was definitely the Big Chief.

There are always exceptions to regulations. I dare to hope that we have outlived those days and are paying more attention to the needs of a young mother than the assumed propriety of hospital personnel—no matter how important he or she might be.

—Marlene E. Hunter MD FCFP(C)
Victoria, BC

Reference

1. McKague M. Touch. *Can Fam Physician* 2010;56:263.

We can do better than euthanasia—we must

Dr Boisvert is wrong.[1] Doctors should not be open to euthanasia and assisted suicide as solutions to our patients' suffering.

Behind the fears of existential suffering or becoming a burden to loved ones or feelings of hopelessness and worthlessness, there is a call for help to find meaning even in the midst of such suffering.

When death becomes the answer, we as human beings have lost the opportunity to go beyond our limitations, try harder, and offer hope to these people. Agreeing with assisted suicide is an affirmation that, depending on the circumstances, some lives are not worth living and need to be terminated. At a recent American Psychosocial Oncology Society conference, researchers presented evidence that medical personnel were among some of the most important sources of hope for patients. Mother Teresa used to say that "the feeling of unwantedness, especially from those who are supposed to love and care about us, is the worst threat to our human dignity."[2]

Amid these overwhelming fears, a free, autonomous decision about euthanasia is an illusion. The troubles of human relationships within families become accentuated, and problems of physician error and abuse in an already stressed medical system abound. It would be difficult to ensure that the choice of suicide is freely made and adequately informed.

Eventually, society will not be able to defend the most vulnerable from abuse, and doctors will become death dealers instead of healers. Despite Dr Boisvert's assertions to the contrary, countries where euthanasia is legal have suffered from it. Els Borst-Eilers, who served as Health Minister for the Netherlands from 1994 to 2002 and who is a doctor herself, proposed the country's infamous euthanasia bill. Now, however, she thinks the government acted too soon, to the detriment of palliative care.[3] Even the United Nations Human Rights Committee is concerned by the extent of euthanasia and assisted suicides in the Netherlands: a physician can terminate a patient's life without any independent review by a judge or magistrate to guarantee that the decision was not the subject of undue influence or misapprehension, second opinions can be obtained from a telephone hot-line, and there is no prior judicial review of physicians' decisions to terminate patients' lives in circumstances in which the patients are not able to make the request themselves.[4]

Euthanasia takes us in the wrong direction. It distorts patient-doctor relationships, leaves physicians off the hook too easily in challenging situations, violates health professionals' moral autonomy, and dehumanizes physicians as they become executioners. We can do better than euthanasia—we must.

—René A. Leiva MD CM CCFP
Ottawa, Ont

References

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2. Langford J. *Mother Teresa's secret fire.* Huntington, IN: Our Sunday Visitor; 2008.
3. Caldwell S. Now the Dutch turn against legalised mercy killing. *Daily Mail* 2009 Dec 9. Available from: **www.dailymail.co.uk/news/article-1234295/Now-Dutch-turn-legalised- mercy-killing.html#ixzz0lj4ZGChX.** Accessed 2010 May 11.

4. Human Rights Committee. Human Rights Committee concludes ninety-sixth session [news release]. New York, NY: United Nations; 2009 Jul 31. Available from: **www.unhchr.ch/huricane/huricane.nsf/0/1E96D3DB91309495C12576040053E5DE?opendocument.** Accessed 2010 May 7.

Response

Be aware of moral harassment.

I thank Dr Leiva for his thoughtful response; however, I beg to disagree with some of his statements.

After spending 18 years in palliative care, I have come to see things differently than he does. As I am but a retired palliator, I will ask illustrious people to answer for me, while adding some comments of my own.

I do not deny that a request for euthanasia is a call for help and I recognize that 95% of those requests respond to compassion and eventually pursue a natural death. But to not see that some lucid requests beg only to end a life of senseless, inescapable, unrelieved suffering is unacceptable.[1] As Paul Tillich says, "They are more numerous than we think, stoic people for whom the notion of suicide applies not to those overcome by life but to those who have overcome life and who are equally capable of living and dying and are able to chose freely between both"[2] (freely translated).

Dr Leiva writes that in accepting euthanasia "we … [lose] the opportunity to try harder … [and] to offer hope." Some physicians are often blamed for "therapeutic harassment." Not to accept occasional failures of the best palliation speaks to a lack of experience and, to some degree, of pride—"moral harassment." How long must one try while the patient is assailed by unendurable suffering? Marcia Angell wrote the following about the hospice and palliative care movement: "[It comprises] a professional pride that borders on hubris and rigidity."[3] Eric Cassell, the "father" of suffering, wrote, "In the care of suffering patients, even the best physicians sometimes (and not rarely) find their abilities insufficient; the suffering of some patients seems beyond reach," while about those patients, he affirmed that "their request [for euthanasia] should be honored."[4]

In terms of believing that agreeing with euthanasia means agreeing that "some lives are not worth living," I can only tell Dr Leiva that if he listens humbly with all his heart, that is exactly what some patients are saying. It is never the physician's assessment. Reading Paul Tillich would help.[2]

As well, without any supporting data, Dr Leiva attests that "troubles of human relationships within families become accentuated." This is surprising, given that the *British Medical Journal's* special issue on end-of-life care reported that such families had an easier period of bereavement,[5] and given that the families of departed loved ones considered euthanasia to mean "compassionate assistance" and thought that it would be "inhumane to withhold assistance."[1]

Two last points: 1) In a study by Battin et al[6] published in the *Journal of Medical Ethics,* there was no evidence that "legalised [physician assisted suicide] or euthanasia will have disproportionate impact on patients in vulnerable groups" (eg, the elderly, women, the uninsured, people with low educational status, the poor, the physically disabled or chronically ill, minors, people with psychiatric illnesses including depression, or racial or ethnic minorities),[6] and 2) patient-physician relationships are not endangered when euthanasia is an option—Dutch physicians came in first out of 9 European countries regarding "trust in your doctor."[7]

I fully recognize the immense service rendered by palliative care efforts in Canada, but as the evidence goes, unacceptable situations at the end of life occur,[1] and it is the patients who suffer, not the physicians. "[T]heir request should be honored."[4]

Before the Senate Special Committee on Euthanasia and Assisted Suicide, ethicist E.H. Kluge quoted C.S. Lewis: "Of all the tyrannies a tyranny sincerely exercised for the good of its victims may be the most oppressive."[8] An excellent definition of paternalism.

—Marcel Boisvert MD
Montreal, Que

References

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